

Home Based Habilitation Services

Rehabilitation services are medically prescribed treatment for improving or restoring functions, which have been impaired by illness or injury or, where function has been permanently lost or reduced by illness or injury. The Home Based Habilitation Services (HBHS) program provides coverage for community based comprehensive medical rehabilitation programs for eligible recipients under the rehabilitative services option of the Medicaid State Plan.

Covered services

The HBHS program may utilize administrative case-management activities to coordinate Medicaid covered rehabilitation services to assist in the transition of eligible recipients through the rehabilitation continuum. Services provided under the HBHS program are time-limited and include Day Treatment programs, Residential Rehabilitation Programs and Community Re-integration services.

Effective for claims with dates of service on or after December 1, 2015, revenue codes 0931, 0932, 0940, 0949 and 0183 have been replaced by the following HCPCS codes:

- HCPCS code T2012 (Habilitation, educational; waiver, per diem) with modifier U1 (half day)
- HCPCS code T2012 (Habilitation, educational; waiver, per diem) with modifier U2 (full day)
- HCPCS code T2033 (Residential care, not otherwise specified, waiver; per diem)

Non-covered services

Non-covered services include but are not limited to:

- Maintenance therapy
- Duplicative services
- Pre-admission screenings
- Habilitation services
- Pain management

Billing information

Effective with claims processed on or after December 21, 2015, provider type 55 is no longer required to submit an EOB or denial letter from the other health care (OHC) coverage provider.

Prior authorization

All services must be prior authorized.

Notes

Time spent conducting a **team conference** is included in the established all-inclusive rate and is not a separately billed service.

See the Nevada Medicaid Services Manual, Chapter 2400 for additional information.